

L 14 0000 64616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

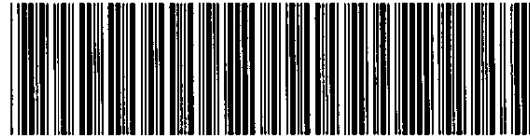
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Lieser Skaff Alexander, PLLC**
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ghada Skaff

Name of Person

Lieser Skaff Alexander, PLLC

Firm/Company

511 W. Bay Street, Suite 350

Address

Tampa, FL 33606

City/State and Zip Code

ghada@lieserskaff.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ghada Skaff

Name of Person

at **813 786-7048**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Lieser Skaff Alexander, PLLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Joseph N. Alexander, P.A.	308 East Fifth Avenue	☐ Add
		Mount Dora, FL 32757	☒ Remove
AMBR	Lieser & Skaff, P.L.	511 W. Bay Street	☐ Add
		Suite 350	☒ Remove
		Tampa, FL 33606	
MGR	Ghada Skaff	511 W. Bay Street	☒ Add
		Suite 350	☐ Remove
		Tampa, FL 33606	
MGR	Jeffrey Lieser	511 W. Bay Street	☒ Add
		Suite 350	☐ Remove
		Tampa, FL 33606	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

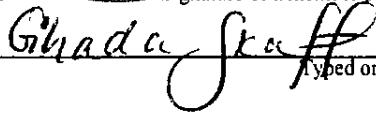
E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 8 2014



Signature of a member or authorized representative of a member



Typed or printed name of signee

2014
AUG 14
10 11 AM
CLERK OF COURT
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